



INACTIVE ASBESTOS DISPOSAL SITE PROJECT NOTIFICATION FORM

N.H. Department of Environmental Services
PO Box 95, Concord NH 03302
Tel.: (603) 271-7376 FAX: (603) 271-8120

Shaded box for NH DES
Office Use Only

Date Entered:

| | | | |
|--|---|-------------------------------|-----------------------------|
| 1. Project Type | <input type="checkbox"/> Major (disturbing MORE than 160 ft ² or 35 ft ³) <input type="checkbox"/> Minor (disturbing NO MORE than 160 ft ² or 35 ft ³) | | |
| 2. Project Location | DES Site No. | | Street Address: |
| | City/Town: <input type="checkbox"/> Nashua <input type="checkbox"/> Hudson <input type="checkbox"/> Other: | | |
| 3. Property Owner | Name: | | |
| | Mailing Address: | | |
| | City or Town: | State: | Zip Code: |
| | Phone Number: () - | E-Mail Address: | |
| 4. Person Initiating Project, if different than property owner. | Name: | | |
| | Mailing Address: | | |
| | City or Town: | State: | Zip Code: |
| | Phone Number: () - | E-Mail Address: | |
| 5. Licensed Asbestos Disposal Site (ADS) Contractor | <input type="checkbox"/> This work does not require a licensed contractor because it is being done by the owner at his/her single family residence in accordance with He-P 5011.03(b). {Provide owner training certificate number in 6 below} | | |
| | Name of Licensed ADS Contractor: | | |
| | ADS Contractor License Number: | Expiration Date: | |
| | Mailing Address: | | |
| | City or Town: | State: | Zip Code: |
| | Phone Number: () - | E-Mail Address: | |
| 6. Certified ADS Worker in Charge of Work | Name of Person in Charge of Work: | | |
| | ADS Worker Certificate Number: | Expiration Date: | |
| | Mailing Address: | | |
| | City or Town: | State: | Zip Code: |
| | Phone Number: () - | E-Mail Address: | |
| 7. Project Schedule | Start Date: | End Date: | |
| 8. Reason for Disturbing the Asbestos (Please be brief) | | | |
| 9. DES Approved Work Plan | <input type="checkbox"/> Generic <input type="checkbox"/> Site Specific | | Date Approved: |
| | <input type="checkbox"/> Emergency Project - no work plan required | | Log Number: |
| 10. Name of Person Submitting this Notice | Title | Phone Number () - | Date Submitted (mm-dd-yyyy) |